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CONFIRMATION NO. 5440

SERIAL NUMBER 10/808,347	FILING OR 371(c) DATE 03/25/2004 RULE	CLASS 600	GROUP ART UNIT 3768	ATTORNEY DOCKET NO. 1240-24	
APPLICANTS David A. Krantz, Bayside, NY; Francesco Orlandi, Palermo, ITALY;					
** CONTINUING DATA ***** This appln claims benefit of 60/490,540 07/29/2003 and claims benefit of 60/493,442 08/08/2003 <i>MF</i>					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 06/07/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Allowance</i> <i>2/15/07</i> Examiner's Signature Initials		STATE OR COUNTRY NY	SHEETS DRAWING 12	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 3
ADDRESS DANIEL P. BURKE, ESQ. DANIEL P. BURKE & ASSOCIATES, PLLC 300 Rabro Drive, Suite 131 Hauppauge, NY 11788					
TITLE SYSTEM AND METHOD FOR UTILIZING SHAPE ANALYSIS TO ASSESS FETAL ABNORMALITY					
FILING FEE RECEIVED 504	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		